

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S.C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>10021</u>	2 Fiscal Year Covered From <u>01</u> / <u>01</u> / <u>2005</u> Through <u>12</u> / <u>31</u> / <u>2005</u>
3 Name and address of person filing Name <u>WILLIAM</u> <u>F</u> <u>HENNING</u> P O Box Bldg Room No if any Street <u>260 MATEY AVENUE</u> City <u>MANAHAWKIN</u> State <u>NJ</u> ZIP Code + 4 <u>08050-2233</u>	4 Name file number and address of labor organization Name <u>COMMUNICATIONS WORKERS OF AMERICA L.1180</u> Labor Organization File Number <u>538149</u> P O Box Building and Room Number if any <u>4TH FLOOR</u> Street <u>6 HARRISON ST</u> City <u>NEW YORK</u> State <u>NY</u> ZIP Code + 4 <u>10013 2898</u>
5 Position in labor organization <u>2nd Vice President</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name Trade Name if any P O Box Bldg. Room No if any Street City State ZIP Code + 4	7.a Nature of Interest, Transaction or Income <u>Entertainment Golf &amp; Food</u> 7.b Amount <u>250.00</u>

Signature

15 Signature and verification. The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct, and complete (See the section on penalties in the instructions)

Signed

William F Henning

On

3/30/06

Date

212-226 6565

Telephone Number

File Number U

**B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested**

**8. Name and address of Business (including trade name if any)**

Name CWA LOCAL 1180 SECURITY BENEFITS FUND

Trade Name if any

PO Box Bldg Room No if any

Street 6 HARRISON STREET

City NEW YORK

State NY ZIP Code + 4 10013 2899

## 9 Business deals with

- ☒ a Labor Organization
- ☐ b Trust
- ☐ c Employer

**10 If 9 b or 9 c is checked give trust or employer's name**

Name \_\_\_\_\_

Trade Name if any	
-------------------	--

P.O. Box Bldg. Room No. If any

Street \_\_\_\_\_

City \_\_\_\_\_

State  ZIP Code + 4 

### 11 a Nature of such dealing

Sponsored benefit plan providing supplemental health benefits to covered members of labor union.

11 b Approximate dollar value of such dealing

UNKNOWN

**12 a Nature of interest held or income received**

Reimbursed expenses for attendance at employee benefits educational conferences

**12 b Amount**

#339/68

**C Received from any employer** (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

**13 a Name and address of Employer or Labor Relations Consultant  
(including trade name if any)**

Name GHI Inc

Trade Name if any	
-------------------	--

PO Box Bldg Room No if any

Street 441 9<sup>th</sup> AVENUE

City NEW YORK

State NY ZIP Code + 4 10001

#### 14 a Nature of payment

Entertainment Golf and Food

**13 b Is the Business an Employer** ☒ **or Consultant** ☐ **?**

**14 b Amount of payment.**

250 00